

**LIST OF HEIRS**

**USING THIS REVISABLE PDF FORM**

1. Copies

Original - to court.

2. Prepared by

- a. Data Element Nos. 1 through 12 are completed by the proponent of will, personal representative of estate or heir-at-law.
- b. Data Element Nos. 13 through 18 are completed by person taking the acknowledgment
- c. Data Element Nos. 19-22 are completed by the clerk.

3. Attachments - none

4. Preparation details –

A representative cannot receive compensation for his or her services until a list of heirs has been filed with the circuit court.

**LIST OF HEIRS****DATA ELEMENTS**

1. Case number assigned by clerk's office.
2. Court name.
3. Name of decedent.
4. Date of decedent's death.
5. Name(s) of known heir(s) of decedent.
6. Address(es) of known heirs of decedent.
7. Relationship of known heirs to decedent.
8. Age, if known, of known heirs of decedent.
9. Check appropriate box to designate the position of the subscriber.
10. Date of complete of the List of Heirs.
11. Printed name of subscriber.
12. Signature of subscriber.

To be completed by person taking acknowledgement:

13. State in which signature is acknowledged.
14. City or county in which signature acknowledged.
15. Name of subscriber.
16. Date form acknowledged and sworn to before the clerk, deputy clerk or notary.
17. Date commission expires if acknowledged by a notary.
18. Signature of clerk, deputy clerk or notary.

To be completed by clerk or deputy clerk:

19. Name of Court.
20. Date on which List of Heirs admitted to record.
21. Signature of clerk if filed with clerk. If filed with deputy clerk, print or type the clerk's name.
22. Signature of deputy clerk if filed with deputy clerk.

**LIST OF HEIRS**  
COMMONWEALTH OF VIRGINIA

Case No.: 1

2 Circuit Court

3 4  
NAME OF DECEDENT DATE OF DEATH

I/We, the undersigned, hereby state under oath that the following are all of the heirs of the Decedent:

NAMES OF HEIRS	ADDRESSES	RELATIONSHIP	AGE
<u>5</u>	<u>6</u>	<u>7</u>	<u>8</u>

I/we am/are (please check one):

☐ Proponent(s) of the will (no qualification)

**9** ☐ Personal representative(s) of the decedent's estate

☐ Heir-at-law of intestate decedent (no qualification within 30 days following death)

Given under my/our hand this 10 day of \_\_\_\_\_, \_\_\_\_\_  
DATE

<u>11</u> PRINTED NAME OF SUBSCRIBER	<u>12</u> SIGNATURE OF SUBSCRIBER
<u>11</u> PRINTED NAME OF SUBSCRIBER	<u>12</u> SIGNATURE OF SUBSCRIBER
<u>11</u> PRINTED NAME OF SUBSCRIBER	<u>12</u> SIGNATURE OF SUBSCRIBER

State of 13  
City/County of 14, to-wit: 15  
Subscribed and sworn to before me by \_\_\_\_\_

this 16 day of \_\_\_\_\_  
My commission expires: 17

18  
CLERK/DEPUTY CLERK/NOTARY PUBLIC

VIRGINIA: In the Clerk's Office of the 19 Circuit Court this 20 day of \_\_\_\_\_, \_\_\_\_\_  
the foregoing LIST OF HEIRS was filed and admitted to record.

Teste: 21  
CLERK

by: 22, Deputy Clerk